

**CITY OF CHICAGO  
DIRECT PAY RATES**

11/6/2006

EFFECTIVE JANUARY 1, 2007

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO	\$395.21	\$715.81	\$1,062.49
BLUE CROSS BLUE SHIELD PPO/HCA	\$362.82	\$657.15	\$975.41
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$130.42	\$257.69	\$446.24
<b>HMO</b>			
BLUE ADVANTAGE HMO	\$285.82	\$550.46	\$850.33
UNICARE HMO PERFORMANCE	\$317.88	\$662.98	\$929.67
<b>ALTERNATIVE COVERAGE</b>			
ALTERNATIVE COVERAGE	\$166.93	\$333.87	\$500.80
<b>BLUE CARE DENTAL HMO</b>			
BLUE CARE DENTAL HMO	\$11.81	\$22.94	\$37.75
<b>COMPIDENT PPO</b>			
COMPIDENT PPO	\$15.29	\$29.82	\$51.99
<b>VISION</b>			
VISION	\$4.48	\$8.96	\$13.43